

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
Dr. *Chuter*
File No. *2428*
Registered No. *2*
St. _____ Ward _____

1. PLACE OF DEATH
43 County *Newton* Registration District No. *814*
2 Township _____ Primary Registration District No. *4555*
6 City *Kranby* (No. *2*) St. _____ Ward _____

2. FULL NAME *Andrew C. Laswell*

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ruby Laswell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 20, 1895*

7. AGE YEARS *42* MONTHS *9* DAYS *9* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *997*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richy Mo. ?*

13. NAME *Frank Laswell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Agave*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richy Mo.*

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Kranby* DATE *Jan 30, 1937*

19. UNDERTAKER (ADDRESS) *Thos. Funeral Home*
Corrville Mo

20. FILED *Jan 26, 1937* *M. F. Rolano*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 28, 1937*

22. I HEREBY CERTIFY that I attended deceased from *Jan 24, 1937*, to *Jan 28, 1937*
I last saw him alive on *Jan 28, 1937*. Death is said to have occurred on the date stated above, at *9:45 a.m.*
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Date of onset *Aug. 30*

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *Chas. O. Chuter* M. D.
(Address) *Kranby, Mo.*

JAN 7 1948